

THE
MEDICAL AND SURGICAL REPORTER.

No. 1218.]

PHILADELPHIA, MAY 29, 1880.

[VOL. XLII.—No. 22.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MINERAL SPRINGS OF SARATOGA.

Résumé of a Paper read before the Albany (N. Y.) County Medical Society,

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Member of the Albany County Medical Society, Fellow of the Albany Academy of Medicine, Member of the American Association for the Advancement of Science, etc.

(Concluded from page 449.)

III. MURIATED CHALYBEATE WATERS.

Most Valuable Springs.—Columbian, Washington, Putnam, Hamilton and Pavilion. The springs are mentioned in the order of their estimated therapeutic worth; the strongest (not as per analysis) first.

Constituents and Modus Operandi—Therapeutics—Affections Characterized by Debility.—This is the keynote of the therapeutics of chalybeate waters. Anæmia being the most constant of its attendants, and to this iron is as food to the starving. Again we meet with the old shibboleth of complaining—non-assimilation. The alimentary canal seems to lack the power of taking up the iron, which is as plentiful in the food as ever, perhaps. Thus it is not deficiency of iron in the aliment, but inability to seize and possess it, which characterizes many cases of anæmia. The iron waters are applicable to all forms of anæmia, from whatever cause, unless there are idiosyncratic objections. In the convalescence from fevers in the young and growing, in city people and sedants, and in chronic malaria, it is the constant Mecca to which the disease bows. When the anæmia depends upon drains, such,

for instance, as are peculiar to females, as menorrhagia, leucorrhœa, chlorosis, dysmenorrhœa, amenorrhœa, nursing, etc., they are imperatively demanded. In leucorrhœa they seem to lessen the secretion, doubtless by giving tone to the relaxed parts. In fluxes of all kinds, whether from the bowels, lungs, nose, from piles, etc., they are useful to restore the impoverished blood to its normal condition. In the second instance a more styptic form of iron is usually desirable. In anæmia of the brain the happiest results may sometimes be produced.

Strumous Affections.—The value of iron in scrofula and rickets has long been extolled. The presence of lime increases its potency, and renders them particularly useful in "town-dwelling women" (Ringer), who are apt to be deficient in this element. In struma the small amount of iodine present in some of the alterative waters, combined with the iron waters, produces very satisfactory results.

Catarrhal Affections.—In this class of cases the waters appear to act as alterative, and astringent and tonic to the mucous membranes. In catarrh of the stomach, associated with atonic dyspepsia, they relieve the nausea, cleanse the diseased surface, and promote appetite and digestion. They are also useful in catarrh of the intestines and bladder. In the latter chalybeates claim and are awarded especial efficacy. It has been held that a special action is exerted on the mucous membrane of this part by ferruginous agents. In some instances the Red Spring has done better. Acid urine is neutralized by these waters.

Miscellaneous Affections.—In some forms of neurasthenia, unassociated with cerebro-spinal

plethora, the tonic waters do good. Also in hysteria, cystitis, acid diarrhoea, etc. In difficulties arising from anaemia, as sterility, etc., the waters are curative, but of little or no value in gout or hepatic affections. They have also been recommended in epilepsy and chorea.

Administration.—The dose ordinarily is from $\frac{1}{2}$ to 1 glass, two or three times a day, depending somewhat upon the ability of the patient to bear the iron without producing head symptoms or constipation. In cerebral anaemia* large quantities can be tolerated. The time to drink the tonic waters is a short time before or after eating, or at bedtime. Before meals is the best time usually, as there are objections to the other times. The iron waters do not bottle satisfactorily, and should be taken at the springs.

IV. ALKALINE MURIATED WATERS.

Most Valuable Springs.—There are but two deserving to be called alkaline: the Vichy and Seltzer.

Constituents and Modus Operandi—Therapeutics—Gastric and Intestinal Affections.—In indigestion the alkaline waters have long ranked as almost specifics. Undoubtedly there is a good deal of influence external to the springs brought to bear in these cases; still there is a large grain of scientific truth operating. A law recently formulized by Sidney Ringer ("Therapeutics," p. 184), throws much light on this action. He says that it is known that "acids check acid but increase alkaline secretions; while dilute alkalies stimulate acid secretions." Thus a mild alkali taken shortly before eating stimulates the acid secretions of the stomach, and exerts a curative action on dyspepsias dependent upon a deficiency of gastric secretions. These forms of dyspepsia are frequently attended with cardialgia, pyrosis, palpitation, headache, diplopia, hypochondriasis, etc., which are accordingly relieved. It is imperatively necessary to keep the bowels in good order, that the dyspepsia may be cured. In nausea and sea sickness they are of great value, the alkali having a sedative power over the stomach, and the carbonic acid gas performing its useful office of restoring perturbed innervation. Niemeyer highly extols the use of alkaline waters in ulcer and gastritis. I am not familiar with the effects of Vichy in such cases. In acid diarrhoea and catarrh of the intestines it has yielded very satisfactory results.

Hepatic Affections.—In icterus, whether depending upon catarrh of the hepatic ducts, biliary

calculi, or congestion, it is nearly equally valuable. Its great efficiency in biliary calculi is impressed by Frerichs ("Diseases of Liver," N.Y., 1879, pp. 215, 216). He says, "These mineral waters have certainly proved the most efficacious remedies against gall stones. In many severe cases I have directed my patients to go to Carlsbad, and they have returned cured." He also adds that French physicians also speak in the same terms of Vichy. In ordinary biliousness, depending upon torpidity, it is very useful. Also in acute and chronic congestions of the liver, and in enlargements from malarial causes. Its oxidizing influence suggests its use in fatty degenerations.

Urinary Affections.—Vichy water speedily relieves the effects of acid urine, the scalding pain which is so excruciating in cystitis, gonorrhœa, etc. Hartshorne recommends Vichy or alkalies, in gravel, or cystine or oxalate of lime calculus, but cautions against its use in phosphatic and mulberry calculi. The French Vichy has secured a wide reputation for the relief of diabetes mellitus, through restraining the production of glucose and oxidizing the sugar. It is doubtful if permanent cures are effected. Our own Vichy has not yet established itself a name in the treatment of this affection. Partial suppression and catarrh of the bladder have been benefited by Vichy; the former when due to congestion or choking up of the renal tubules by mucus or casts.

Miscellaneous Affections.—Frequent mention has been made of the usefulness of these waters in obesity, free living, and their attendant consequences. Alkaline waters increase oxidation and promote the destruction of tissue. They are of little use in gout, but are decidedly indicated in acute articular rheumatism, especially where many joints are involved, and there is a high fever, acid sweats, and a loaded urine. External applications of the waters should also be made.

Cutaneous Diseases depending upon acid secretions are benefited, and the waters may be applied locally to control the weeping surface in scabies, eczema, etc. The discharge of ulcers and leucorrhœa is also lessened sometimes; likewise the laryngeal catarrh of public speakers and singers. They have proved beneficial in some forms of debility and neuralgia, and hypochondria depending upon a disordered liver. In anaemia and serofulness they are contraindicated.

Administration.—The dose of Vichy, for acidity, is part of a glass, repeated as necessary. For constitutional effects a number of glasses daily, regulated somewhat by the condition of the

*When anaemia depends upon cancer, gray kidney, morbus cordis, etc., the treatment is acknowledged palliative only.

urine. The Seltzer is used as a table water, and the dose is not limited. The time to take, for the general effect, is some little time (about half an hour) before eating, and at bedtime. The amount of saline which the Vichy contains renders it less impoverishing to the blood than the German or French waters.

V. SULPHUROUS AND SULPHURETTED WATERS.

Most Valuable Springs.—Of the three sulphur springs near Saratoga, two are fitted up with bathing facilities, and each is known as "The White Sulphur Spring." One is at the lake; the other north of the village.

Constituents and Modus Operandi—Medical Application and Uses.—The sulphurous springs have been mostly used as a means of external treatment in chronic skin diseases, rheumatism, neuralgias, catarrh, gout, etc. To a limited extent, also, they have been used internally in the treatment of the same affections, especially in chronic eruptions of the skin, of the durtous family, as acne, psoriasis, impetigo and eczema. They are likewise said to be useful in chronic rheumatism, chronic gout and chronic lead poisoning, but the external administration is almost universal in this class of cases. The use of baths is not desirable until the subsidence of the acute stage in eczema and psoriasis, otherwise irritation alone will ensue. Obstinate forms of skin disease, which have resisted all other modes of treatment, frequently yield to sulphur baths.

The adaptation of these waters to so many forms of skin affection is explained by a recent writer (Hartshorne), in speaking of the rationale of the treatment of this class of diseases. He says: "The most essential part of the treatment of chronic diseases of the skin is either alterative or antidotal. Parasitic affections, as scabies, favus, mentagra, etc., require the destruction of the epizoon or epiphyte by an antidote. Others, as eczema, lichen, impetigo, lepra, etc., when at all obstinate, are treated in the same manner essentially, to whichever class the disease may belong. * * * Any means which will hurry the removal of the old, diseased skin, and favor the construction of a new layer, will be curative, whether it be only soap, water and frictions, mercurial ointment, vesication, or the actual cautery." Weak solutions of the sulphides strongly stimulate the skin, augment its vascular supply and act on the sudoriferous glands. Sulphuretted hydrogen is likewise a powerful cutaneous stimulant.

Administration.—The baths are usually given in the morning, and may be taken anywhere from daily to once or twice a week, according to

the indications of the case. Daily, or alternate days, usually yield the best results. For rheumatism, gout, etc., thermal baths are greatly preferred. When used internally, six or eight glasses may be taken daily, between meals.

CONTRAINDICATIONS.

1st. The waters are unadvisable in confirmed consumption, advanced Bright's disease, and in all malignant diseases, as cancer, etc. The latter is a general axiom in hydrology. The climate is good for consumptives and those suffering from advanced disease of kidneys, but the waters are not.

2d. In a less emphatic degree the waters are unadvisable in organic disease of the heart and great vessels, in tendency to cerebral disease, and in all cases of acute inflammation, or exacerbation of chronic affections, or in phosphatic urine.

3d. As a rule the waters should not be much partaken of at, or within two or three hours after, meals. Mixing of drinks and taking too large a quantity should be carefully avoided, as it may produce emesis, "pain in the back, haematuria, muscular prostration, a coated tongue and loss of appetite."

4th. Care should be taken in using the cathartic and diuretic waters when suffering from cold or much fatigue. The iron waters should be cautiously used in tendency to cerebral hyperæmia, and constipation, or idiosyncrasy. Alkaline waters are contraindicated in anæmia, scorbutis, scrofula, albuminuria, etc.

NOTE.—Iron waters are frequently taken just after eating, on account of there being less likelihood of creating headache at such times; alkaline waters just after eating, to relieve acidity. Exercise should be taken in the open air when practicable, while using the waters, and in winter very warm clothing should be worn.

SUMMER HYGIENE OF INFANTS.

BY HORATIO R. BIGELOW, M.D.,
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To cover thoroughly and in detail so large a field as the present subject demands would require an especial monograph. It is my purpose to suggest some practical hints only, in connection with hygienic treatment of a class of little patients that form a large proportion of a physician's summer clientele. Infants need judicious care and nursing more than they do physic. The failure to observe these conditions is the exciting cause of their diseases, and if it be axiomatic that "an ounce of prevention is worth a pound of cure," then an article upon prophylaxis will be

as valuable as one upon the developed complaint. Too often the physician is utterly ignorant of the duties of the nurse.

Washing the Infant.—The question as to whether the child should be washed immediately after the tying of the cord is one admitting of argument. Dr. Wm. F. Cragin, writing in this journal, under date of January 3d, 1880, deprecates, with all the logic at his command, the common practice of washing the child in warm water at its birth. "Now is it not probable that this exposure to cold and chilling of the body is the initial or starting point, the foundation and the cause of that train of numerous evils and ills which lead to such a fearful mortality? Is it not more than probable that serious injury to, or structural changes of, the delicate molecules and tissues are produced, which lead to disease, present and remote?" The Doctor advises that we should anoint the infant with lard, envelop it in a soft, loose flannel gown, wrap it in a blanket and place it beside the mother, who may suckle it when she feels inclined. In twenty-four or thirty-six hours the infant, being accustomed to the change of temperature, may be washed by the nurse. The practice seems founded on scientific principle and is a good one. But there are many who cannot cut adrift from time-honored custom, and should the child be washed at once the following precautions are necessary: There should be close at hand a soft sponge, Castile soap, sweet oil, and an abundance of warm water (96° - 98° Fahr.). The first washing should not be protracted. By oiling the body with sweet oil, the *vernix caseosa* will be removed readily. The cutaneous surface should be gently handled, lest abrasion occur, and should be dried with a soft towel. The only powder which may be used is one composed of equal parts of powdered chalk and carbonate of zinc. The nurse should be instructed to watch for any bleeding of the cord, and should know how to treat it.

Dressing of the Infant.—Churchill enjoins this simple rule: "As regards the dress, the infant requires softness, looseness and warmth; and as regards handling, gentleness and dexterity. The child's neck and arms should be covered at all times, despite the vanity of mothers who would leave them bare. Never will the child have so little power of generating heat or of resisting cold. But, neither should we fly to the other extreme, and after enveloping the little one in endless flannel wraps and fine lawn skirts, surmount the whole with a gauze dress, an embroidered sack and a woolen shawl, to be placed in a cradle covered with blankets and another shawl, with 'Baby'

embroidered in large letters, to subserve the same purpose, perhaps, for which druggists write "poison" on some of their labels. We desire an even bodily temperature, and not superlative heat. The napkins should be removed as soon as soiled, and the baby should be carefully cleansed before reapplying them. These must never be washed and dried in the mother's sick room; neither should we use a napkin which had been dried, but always a clean one. Flannel should be worn next the skin at all times. There should never be made any change of clothing which would engender a decided reduction of bodily temperature, and it is criminal to remove a child's warm clothing to dress it, as an after-dinner show, in purple and fine linen.

Physic for the Child.—By a wise provision of nature the colostrum found in the mother's milk for forty-eight or seventy-two hours not only affords ample nourishment for the child, but acts as a purgative, cleansing the bowels of meconium. If absolutely necessary, we may administer the half of a teaspoonful of sweet oil at a dose. No other physic is desirable, except in congenital disease.

How soon shall the infant be put to the mother's breast? If the mother shall have passed through her labor without any bad symptoms, the child should be given to her to nurse three or four hours after the labor. This is equally necessary for the health of both. If it be impossible for the mother to nurse her infant, we must substitute one part of cow's milk to two of water, with a little sugar, the temperature of the mixture being 95° or 96° Fahr., and no child should be allowed to nurse oftener than once in two hours.

Sleep.—The child should be placed in a cot by itself, and warmly covered, that it may not inhale a vitiated atmosphere or suffer from any contaminated bodily exhalations. It should not be rocked, or carried in the arms of its nurse. Once accustom it to good habits, and its sleep will never be a matter of inconvenience. Never awaken it suddenly. The more it sleeps the better will it be.

Later Care of the Child, especially During the Summer.—West asserts the startling fact that "at least a third of all your patients will be children, and so serious are their diseases, that one child in five dies within a year after birth, and one in three before the completion of the fifth year." In the report on "Epidemic Cholera, to the Citizens' Association of New York," in 1865, the localizing causes of cholera are given as follows:—

1. Decaying organic matters, bone, hide, fat and offal houses, neglected stables, putrescent mud and filth.
2. Bad drainage, local dampness, malaria.
3. Obstructed sewers, filthy streets, gutters, stables, garbage and cesspools.
4. Water and beverages in any manner contaminated by putrescent organic matter, particularly by any soaking from privies.
5. Neglected privies and putrefying excrement.
6. Overcrowding and neglect of ventilation.

The successful management of any of the diseases of summer which hinge more or less upon some one of the foregoing causes will depend much more upon a regulation of the hygiene of the child than upon the exhibition of any therapeutical system. Apart from these localized conditions, the most frequent cause of summer troubles is the use of artificial food in which milk is excluded, or the milk of the nurse is unhealthy. Hence it seems most proper that the question of food should first engage our attention.

Food.—In speaking of thrush, Dr. Underwood says (Meigs and Pepper, Diseases of Children): “A principal remote cause of this disease seems to be indigestion, whether produced by bad milk, or other unwholesome food, or by the weakness of the stomach.” Dewees remarks: “Children fed much upon farinaceous substances are especially exposed to attacks of this disease, particularly when the food is sweetened with brown sugar or molasses;” and Dr. Eberle says: “Unwholesome and indigestible nourishment, and over-distention of the stomach, during the early stages of infancy, almost inevitably lead to the occurrence of aphæ. Bad and old milk, and thick farinaceous preparations sweetened with brown sugar or molasses, are especially apt to give rise to the disease.”

Dr. Berg, M. Valleix, MM. Rousseau and Delpech have given expression to similar views. The breast alone gives the only food for infants that may be relied upon. Vernois and Becquerel give the following composition of a healthy woman’s milk:—

100 parts of milk contain,	
Water,	889.08
Sugar,	43.64
Casein,	39.24
Butter,	26.66
Salts,	1.38

Its density should be 1.030–1.032; the amount of cream should be at least three per cent. “The causes which compel us to resort to artificial food for young children, are, of course, very

numerous. Thus, it may be impossible, after the death of the mother, to secure a reliable wet nurse; or the mother’s supply of milk may be manifestly insufficient; or again, although the quantity is abundant, the milk either disagrees with the child and causes vomiting and diarrhoea, or does not nourish it properly. In every case, therefore, where we have reason to suspect that the mother’s milk is of an improper quality, we should subject it to a careful examination.”—(op. cit.) As to whether it is best to use cows’ milk properly diluted, or condensed milk, is a question which has been ably argued on both sides. My general practice is to make use of the former; my exceptional practice is to use the latter in cases of young infants imperfectly nursed, or who, by reason of some idiosyncrasy, are incapable of digesting the casein of fresh milk properly diluted with water. Dr. Edward Smith (Foods, New York, 1873, p. 323) says:

“This preparation (condensed milk) has been recommended as a food for infants, and it is much liked by them; but it is an error to assume that a given quantity when dissolved in water will yield new milk, or be as useful as new milk in feeding infants and young children, and it should never be used as a substitute in such cases, whenever new milk can be obtained. * * * Without explaining the medical aspect of the question, I remark that as a food the addition of nearly two ounces of sugar to the pint of cow’s milk greatly lessens its nutritive value, and induces a tendency to starvation of the muscle-forming element. Thus, while in natural cows’ milk the proportion of nitrogen (flesh forming) to carbon (fat forming) is 1 to 12, in the preserved milk it is not much more than one-half, or about 1 to 20. If the object were to feed an animal for the market, it would be obtained by this method, but if to make infants into strong, muscular men and women, the proportion which nature has provided must be supplied.” If the mother, about to start out on a journey, wishes to preserve milk, she will do well to adopt the suggestion of Dr. Parkes, who says that when boiled, “the bottle quite filled, and at once corked up and well sealed, the milk lessens in bulk, and a vacuum is formed above. It will keep thus for some time; a little sugar aids the preservation. If the heat is carried in a close vessel to 250° Fahr., the milk is preserved for a very long time, even for years; the butter may separate, but this is of no consequence;” or if a little carbonate of soda and sugar is added, without boiling, it will keep for ten days or a fortnight. During the first month

of infant life the fresh milk of the cow should be diluted with two parts of water (although the practice is very common among eminent practitioners to give equal parts of each). And this because the milk will be rich enough for a strong child and much safer for a weakly one. It can readily be changed to suit the increasing necessity of the child. At two months the proportion may be one-half, and at five months we may allow two-thirds milk. For the first ten days a child will digest a pint in twenty-four hours; from the first to the second month about a quart. I have said that during the first month the child should be fed every two hours, after that time, once in three hours will be sufficient—this including only two meals during the night—the rest being given between early morning and evening. As the age increases the amount of food may be increased and given at longer intervals. This solution of milk and water should be sweetened with sugar of milk, in the proportion of a heaping teaspoonful to eight ounces of food. If the milk be rejected in large curds, or if there be undigested casein in the stools, we may add to each pint of food an ounce and a half of lime water. When, from any cause, the child rejects the milk, or milk and lime water, we may try Liebig's food, which is made from malt and wheaten flour, the malt (containing vegetable diastase) so acting upon the flour as to transform it into dextrine and grape sugar. An analysis of a preparation of this food prepared from Liebig's formula, and known as Horlick's food, shows it to contain in 100 parts—

Grape sugar,	39.5
Dextrine and sugar forming matters,	49.4
Nitrogenous matters,	14.3
Phosphates,	3.2
Moisture,	2.8
Residue,	1.3

But no preparation, as a rule, is comparable with milk.

General Care of the Infant.—The various nostrums of quack speculators that drug the market, and yearly send scores of little ones to untimely graves, should, of course, be shunned. They all contain opium in some form, and when we remember the extreme susceptibility of babies to the influence of this drug, we cannot wonder at the damaging train of symptoms resulting from its persistent use. To dose baby with soothing syrup and mixtures of paregoric for an ephemeral colic is criminal and unmotherly. These pains may be overcome by a hot flannel cloth laid over the stomach, by a little rhubarb and magnesia, or by a preparation containing

creasote. Constipation may be remedied by an enema of tepid water. For the diarrhoea of teething infants nothing is better than a strong decoction, sweetened with sugar, of the bark of the *Ceanothus Americanus* (Jersey tea). The early morning and evening should be selected for the daily airing; and this should never be neglected. Fresh air is an essential of the child's life. From ten in the morning until four or five in the evening, the baby should be kept in a thoroughly well ventilated room. It is decidedly unwise, except in those instances where medical interference is necessary, to commence weaning the infant during the heat of the summer. It is wearing to the mother, and may set up a train of nervous symptoms in the child which are often very serious. Catnip tea, molasses, cakes, candies, jellies, and other things of a similar nature, I need hardly say are to be avoided absolutely.

Impure Water as a Cause of Disease.—The HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, Part xxv, January, 1880, cites the following case mentioned by Norman Kerr, M.D., F.L.S., before the British Medical Association: "A farmer's wife suffered from typhoid fever; the family had never been without diarrhoea; scarlatina had affected two children, and diphtheritic sore throat one. The well from which the supply of drinking water had been obtained was found to have a drain from the pig sty and cattle shed opening into it. As soon as the water from this well was abandoned these diseases ceased to harass the household. After thorough sanitary rectification, the old well was once more resorted to, but no bad effects ensued. In the adjoining mansion sore throat, diphtheria and typhoid diarrhoea were traced to a leakage of house drains through the porous soil, into the well in the courtyard, the leak being caused by rats. After reconstruction the family were freed from all former troublesome and constant symptoms. Three fatal cases of diphtheria in a gentleman farmer's family were traced, by Dr. Kerr, to the contamination of the water used for drinking purposes. * * From these and other cases, the author could come to no other conclusion than that the same contaminated drinking water might, without the presence of specific germs, give rise to ailments, the poison manifesting itself as erysipelas, scarlatina, diphtheria, diarrhoea or enteric fever. The poison was the same, but the physical state of the individual constitution, or some idiosyncrasy of susceptibility, or some differential surrounding condition, might be the factor in determining the

special form of disease which the poison might assume in any particular case."

The Hygienic Treatment of Infantile Diarrhoea.—When a child at the breast is seized with an attack of diarrhoea, we should, in all cases, examine the stools, and should curd be found, it is well to alternate a little barley water with the breast milk. Or if the milk be white and heavy, we should keep the child on barley water alone. In some cases we may adopt the excellent suggestion of Dr. A. Jacobi, and make use of the following. Mix the white of one egg with four or six ounces of barley water, and add a small quantity of table salt and sugar, just sufficient to make the mixture palatable. If the strength be greatly reduced, we may administer brandy, from one drachm to one ounce in twenty-four hours. In very extreme cases, complicated with persistent vomiting and gastric catarrh, we must enjoin absolute abstemiousness. Let the child eat or drink nothing for from three to five hours, and even for a longer period. Beef tea, or any food containing salt in concentration, is, of course, contraindicated. Any undigested masses in the intestinal tract should be gotten rid of by a dose of castor oil. Of the necessity of fresh air, I may not do better than quote from a very thorough paper, written for the *American Journal of Obstetrics*, July, 1879, by Dr. Jacobi:—

"I need not here say that, in addition to the dietetics for the digestive organs, it is necessary to supply the patient with as much cool, fresh air as possible. The worst out-door air, when cooler, is better than close in-door air. The undeveloped condition of the nerve-centre in the normal infant; the relaxation of the inhibitory nerves by heat; the absence of radiation from the surface—the lacking stimulus, during hot weather, of the cutaneous sensitive nerves; the diminished metamorphosis of tissue; the diminution of the powers of digestion, not only by shortening digestion, but by directly lowering the secreting powers of the digestive glands in the stomach and intestines, are just as many factors in the production of the very worst forms of infant diarrhoea. I have kept very bad—desperate—cases out all night, upon the bluffs over the East River. The windows must not be closed. If possible, the children should be sent immediately to the country, and into the mountain air."

The *Medical Record*, of March 6, 1880, quotes from the *Practitioner*, December, 1879: "Dr. Roberts, of Manchester, England, gives the results of his investigations on the subject of the digestion of starch. He says that in infants

under three or four months of age saliva has a feeble, diastatic power; further, he has ascertained that the pancreas of sucking calves does not possess any diastatic power, and that it is fair to presume that the pancreas of the infant at the breast is in the same condition. For this reason farinaceous food cannot be digested by young infants, unless some artificial means be employed. Malt extracts being infusions of malt concentrated to the consistency of syrup or molasses, by evaporation (containing no more value as food than an equal amount of syrup), the diastase exists only in small quantity. As to malt infusion, it possesses powerful diastatic properties. It is made as follows: Three ounces of crushed malt are very thoroughly mixed in a vessel containing half a pint of cold water; the mixture is allowed to remain from twelve to fifteen hours, and then passed through filtering paper until it comes through perfectly bright. It is rich in diastase, and contains maltose in considerable quantity. As it is subject to fermentation, it should be freshly prepared each day, or it may be preserved by adding a few drops of chloroform to the infusion and keeping it well corked. Dr. Roberts thinks that the malt preparation will prove of more service if taken with the food than after the meal, as, by so doing, it will become thoroughly mixed with the food. An excellent way of administering malt infusion is by adding one tablespoonful to half a pint of gruel. In conclusion, he speaks of the liquor pancreaticus, made by infusing one part of fresh pancreas with seven parts of water; this was found to possess twenty times the diastatic power of the malt infusion alluded to."

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.
A CLINICAL LECTURE BY FRANCIS DELA-FIELD, M.D.,
Adjunct Professor of Pathology and Practice of Medicine in the College of Physicians and Surgeons of New York City.

On Aneurisms.

GENTLEMEN:—Those of you who were here last Tuesday may remember that I showed you a woman who had been suffering from severe attacks of spasmodic dyspnoea. She was a middle-aged woman who had suffered from a winter cough a number of years, but still she had been pretty good, except for this winter cough, until a few months ago, when she began to suffer from attacks of dyspnoea, especially at night, these attacks being quite severe. She came into the hospital a few days before last Tuesday, suffer-

ing from a very severe attack of dyspnoea. The character of this dyspnoea, however, was such as we see in ordinary asthmatic attacks, only differing from some asthmatic attacks in the fact of the breathing being rendered still more difficult by the large amount of mucus which was existing in the larger bronchi and in the trachea. This attack of dyspnoea, however, after lasting a number of hours, passed over, and the woman's condition was then pretty good. At the time you saw her on Tuesday she was not suffering from any dyspnoea at all, and was comfortable. The physical examination only gave us evidences of emphysema and chronic bronchitis. You may remember that I told you at that time that the diagnosis lay between two conditions; that we could be pretty sure the woman was suffering from one or the other of the two conditions, either from emphysema and chronic bronchitis with attacks of asthma, or from the existence of a small aneurism of the arch of the aorta pressing upon the trachea; that either of these conditions would account for her symptoms.

A few days after you saw her she had another severe attack of dyspnoea, and in this attack of dyspnoea she died. After her death, and before the post-mortem examination was made, there was no difficulty in telling what had been the cause of her dyspnoea. The attack of dyspnoea proving a fatal one made it almost certain that we should find a small aneurism of the arch of the aorta. Patients very seldom die in an attack of dyspnoea due simply to emphysema and bronchitis, but they do die quite frequently in an attack of dyspnoea due to the pressure of an aneurism upon the trachea.

The autopsy showed the condition that we had expected to find, and I have here the specimen for you to see. You observe that there is an aneurism given off from the upper and posterior portions of the transverse part of the arch of the aorta, and if you turn the specimen over you can see that this aneurism presses upon the trachea but does not compress it.

These cases are a little peculiar. They are cases which are not very uncommon in hospitals, but are quite uncommon outside of hospitals. I have almost every year at least one case of this kind here at the hospital. The patients suffer from very severe attacks of spasmodic dyspnoea, such as this woman had, but they have several before one eventually proves fatal. The character of the attacks of dyspnoea is the same as that of emphysema and bronchitis. It is a spasmodic dyspnoea, which lasts for a longer or shorter time and then goes away. The dyspnoea is not excited, apparently, by the closure of the trachea; the trachea, in these cases, is not so pressed upon as to be closed. Where there is an aneurism pressing on the trachea, there is a certain amount of thickening and inflammation of the trachea, which extends upward above the point of pressure, and downward below the point of pressure, but most frequently it extends downward, and the bronchi become congested, and thickened, and occupied by mucus. Exceptionally it will extend as far upward as the larynx. I have seen only one case of this kind, a chronic laryngitis being caused by a traveling of the inflammation upward from the part of

the trachea which was pressed upon to the larynx. More frequently the inflammation travels downward and involves the bronchi. The dyspnoea then, in these cases, is apparently a true spasmodic dyspnoea; it is a real dyspnoea. The trachea is not so compressed that the air cannot enter the chest, but the dyspnoea is a reflex dyspnoea, a nervous dyspnoea. It is, however, a very severe dyspnoea, sometimes proving fatal.

CASE 2.—Gentlemen, I will ask you to listen to this man's history. He is a man twenty-seven years old, a native of Ireland, a laborer by occupation, and he was admitted into the hospital seven days ago. His father and mother are both living and in good health. He has four brothers and three sisters living, two sisters and one brother dead. His brother died of phthisis. In 1868 he had rheumatism, and has suffered from rheumatism on several occasions since that time. He has also had several attacks of malarial fever. Eight years ago he had three sores on the penis, but there has been no history of secondary symptoms. He has, all his life, been in the habit of doing hard work, and he has also been in the habit of lifting heavy weights in his work. A man who, except for these attacks of rheumatism and so on, was in good health until April of 1878. Then he had another attack of rheumatism, so severe that he went into the hospital. From this attack of rheumatism, however, he again recovered, and went to work, and three months after this time—that is, about five months ago—he noticed what he called a throbbing on the right side, just below the clavicle. This condition has continued ever since, and in addition to that he has gradually become short of breath, especially on making exertion, and he has had some cough. He has also had some pain in the right arm, down as far as the elbow, and he has a little difficulty in swallowing.

That makes the history, then, of the rational symptoms. A man, you observe, of large frame, of larger build than the average, who has had a number of attacks of rheumatism, but whose present trouble dates back about five months. At that time he noticed a throbbing beneath the right clavicle, and that throbbing has continued ever since. To this throbbing has been gradually added a certain loss of breathing on exertion, a certain amount of cough, a certain amount of pain in the right arm, and a certain difficulty in swallowing.

Now, as we look at the man's chest you observe that it is a very large, well-developed chest. He is not only broad across the shoulders, but he has a very deep, solid thorax, with a great deal of room for the heart and lungs. As you look at the anterior portion of the thorax you observe that the right side is rather fuller than the left. This is true, also, when you look from above downward. There can also be seen a distinct pulsation in the part of the chest immediately beneath the clavicle on the right side, and when the hand is placed over this part of the chest a distinct feeling of pulsation is communicated to the hand. This feeling of pulsation extends from below the clavicle about a hand's breadth, down to about the third rib. There is dullness on percussion from a little to the left of the right

edge of the sternum over the whole of the right side of the chest in front, extending downward to the lower edge of the third rib, so that we have on the right side of the chest an area of dullness, bounded above by the lower edge of the clavicle, below by the third rib, and on the left side by a line a little to the right of the edge of the sternum; over this area there is dullness on percussion, and there is a heaving impulse which can be seen and felt. The impulse of the heart is more forcible than it should be, and it is further to the left than it should be. It is almost directly below the nipple, instead of being midway between the nipple and the sternum. The heart sounds are normal, except that they are very loud and very distinct. I hear the heart sounds very distinctly over this part of the chest where you see the heaving impulse, and with the first sound of the heart, or rather after it, I hear a murmur. When I feel his radial arteries, in both of them the pulse seems full enough at first, and there is no difference between them, but if I press them at all forcibly they give way at once; it is a compressible pulse. His face is fallen away a little; his eyes have a somewhat unnatural appearance, which is due partly to chronic conjunctivitis, which has no connection with his present condition, but there is in addition to that an unnatural protrusion of the eyes, which I think does have something to do with his present condition. There is no special filling of the veins; they cannot be said to be fuller than they should be.

Now, what is the matter with this man? An aneurism, I hear suggested. Where is this aneurism situated? "On the ascending portion of arch of the aorta." Yes, sir, and it is probably given off from the anterior and right lateral portion. It is already a sacculated aneurism of considerable size, which is pressing forward against the wall of the thorax. It is not pressing backward to any great extent, but forward and sideways. He has no great amount of cough to indicate pressure on the trachea or upon the recurrent laryngeal. He has no particular trouble in swallowing, to indicate pressure upon the oesophagus. The pain which he has had down the arm would indicate pressure upon the brachial plexus of nerves, but that would be an indication of extension downward and to the right, and the pulsation and fullness which we get on the right side of the chest would show that the aneurism is pressing forward. The fact that the radial pulses are not involved would show that the aneurism is not involving that portion of the arch of the aorta from which large vessels are given off, so that it is a very plain, straightforward case of aneurism of the ascending portion of the arch of the aorta, the aneurismatic sack being situated on the anterior and right sides of the aorta, the tumor growing forward and to the right.

The man has been put upon the use of the iodide of potassium, the only remedy which seems to be of any particular value in these cases of aneurism of the aorta. He will be kept upon that while he is in the hospital.

CASE 3.—Here are some specimens, gentlemen, from a man who was in the hospital for a short time; a man who was pretty ill when he

came in, and who was one of those hospital cases about whom we do not pretend to make a very decided diagnosis. There seemed reason to think that the man had organic heart disease, that he had cirrhosis of the liver, that he had chronic Bright's disease, and that he had some bladder trouble. It looked, indeed, as if there was infiltration; as if there had been rupture either of the urethra or of the bladder, and an escape of urine into the soft parts around the scrotum. The man failed pretty steadily after he was brought into the hospital, and died yesterday. The heart is enlarged, the enlargement being due to dilatation rather than to hypertrophy. It is a dilatation without either thinning or thickening of the walls of the right ventricle; the walls of the left ventricle may, perhaps, be a little thicker than normal. There is a little thickening of the aortic and mitral valves. The color of the heart also is changed. This coloring of the heart—the autopsy having been made only two hours ago, and the heart not having been in water—is a pretty certain indication of a change in the muscular tissue of the heart. The wall of the heart ought to be red; instead of that you notice it is of a pale yellow color. Such a decided change in color as that is almost always associated with fatty degeneration of the muscles of the heart, and that I presume is the case here.

The liver is small and hard, of a firm consistency on pressure, and smooth in appearance, but I really do not know, from the gross appearance, whether it is an example of a smooth, small cirrhotic liver. The house physician just told me it was tested with iodine, and that it did not give the characteristic reaction of waxy infiltration, so that I should be rather disposed to consider this an example of that form of cirrhosis of the liver in which the organ is sometimes small, sometimes large. It is hard, but not nodulated; it is neither finely nodular nor grossly nodular, and if we examine it with the microscope we find that new connective tissue is formed along the capillary veins, so that the liver cells are separated from each other by this new connective tissue. That is what I should imagine to be the case here, though I would not say positively in regard to it without a microscopic examination.

The kidneys are far advanced in disease; they are diminished in size, the surface coarsely nodular; they look as if the malpighian tufts were waxy. These kidneys were also tested with iodine, and the malpighian bodies too show waxy change (?). So that these are examples of far advanced chronic diffused nephritis in the atrophied condition, with waxy infiltration of the malpighian bodies. The spleen is small, and also shows waxy infiltration. The bladder is a good deal thickened. It shows the lesion of chronic cystitis very well. And the urethra had been perforated in front of the neck of the bladder, so that the urine had escaped into the surrounding connective tissue, and had produced infiltration of urine. There was some pneumonia in one of the lungs. The autopsy, then, corresponded pretty well with the appearance of the patient during life. He was evidently one of those patients of whom we have the habit of say-

ing, here, that we expect to find a little of everything after death; patients who present lesions of nearly all the viscera. The most marked lesions in his case being in the heart, the kidneys, the spleen, the bladder, the urethra, and the liver.

CASE 4.—This is a man, gentlemen, who is twenty-eight years old, is a native of England; he is a printer by occupation, but has not worked at his trade for some time. He was admitted to the hospital yesterday. His father died suddenly a week ago, when he was fifty-six years old. His mother is alive and well. He has had no rheumatism, he denies syphilis, but he has been habitually intemperate. He was perfectly well until two years ago, when he noticed, after drinking a little harder than usual, that his heart was not acting as it should. And ever since that time his heart has troubled him, and he has had some shortness of breath. He has had spells of vomiting every morning. Three weeks ago he spit up blood; he says he spit up about half a pint of bright red blood. He has had a cough before this time, and just before he spit up blood the last time he had a violent fit of coughing.

You will observe, then, that the history is not by any means a definite one. We have here a man who is habitually intemperate, twenty-eight years old, and he considered himself well until two years ago, but for the last two years he has been conscious that there was something wrong about his heart; that it was not working properly, and that he was having some shortness of breath, and three weeks ago he spit up about half a pint of blood; that is all we get from the history. The man now is somewhat emaciated, the sclerotic coats are a little yellow, although there can hardly be said to be any yellowness of the skin. His tongue is coated. He had been drinking a little harder than usual before he came to the hospital.

Now, if we look at the front of his chest you observe that the man is in good condition; that the thorax is symmetrical in form; but you see the pulsation of the heart more distinctly than you should; you see the pulsation of the heart in the epigastric region, and you also see it at this point, viz., in the sixth intercostal space, on a line with the nipple. I get fair enough resonance on percussion on the upper part of the thorax, except over the upper part of the sternum. If we compare the percussion sound over the upper part of the sternum with that over the lower part of the sternum we find it duller above than below, although below there is the heart, while above there should be the lung. It is a little duller in the right infra-clavicular region than it is in the left. When I listen over the heart I get a murmur with the second sound of the heart which can be heard over the whole length of the sternum, and which can be heard also over the whole of the precordial region. The left radial pulse is stronger than the right, though not a great deal stronger.

That makes the history, then, and the physical examination as far as the condition of the heart and the anterior portion of the chest are concerned. We have a heart of which the vertical diameter extends from the top of the third rib down to the sixth intercostal space, and the

apex is immediately below the nipple, instead of being to the left of the nipple, where is its normal position. Then, besides that, we get this dullness that we ought not to get over the upper part of the sternum and in the right infra-clavicular space; but there is no pulsation to be felt over this region, nor over the line of the aorta. I hear the heart sounds over the upper part of the sternum, and I hear some murmur there that can also be heard over the rest of the heart. It is an aortic regurgitant murmur.

What is the trouble with this man? It is evident enough, in the first place, that he has organic heart disease. About that there can be no question. And it is also evident enough that he has hypertrophy and dilatation of the left ventricle, and that he has insufficiency of the aortic valve. The point of interest in his case is, whether there is anything besides that; whether the heart disease is sufficient to account for his entire condition. You observe that physical examination gives us a heart with an apex a good deal to the left and lower than it should be. It requires a pretty large heart to give the apex beat in the sixth intercostal space; that is, one intercostal space lower than it should be. And besides the low position of the apex beat of the heart, we have this dullness over the upper part of the sternum. The other thing which I am suspicious of, but am not certain that it exists, is an aneurism of the aorta; an aneurism of the transverse portion of the arch of the aorta, given off from the anterior surface and pressing forward against the sternum; an aneurism which is so situated that it is almost continuous with the heart, so that you get dullness from the aneurism, if it exists, over the middle of the sternum, carried pretty continuously off in the direction of the heart, and this aneurism, perhaps, pressing the heart downward and outward, though I am not certain of this. But I am certain that he has insufficiency of the aortic valve, with hypertrophy and dilatation of the left ventricle, and probably he has aneurism of the transverse portion of the aorta.

LOUISVILLE CITY HOSPITAL.

CLINICAL LECTURE BY M. F. COOMES, M.D.,
Professor of Physiology and Ophthalmology, of Kentucky School of Medicine.

Reported by A. H. KELCH.

• Pterygium.

Gentlemen, this is the man upon whom I performed an operation for pterygium at our last meeting, on Tuesday. The operation that I performed in his case is that known as Pagenstecher's operation, which consists in grasping the morbid growth with a pair of forceps, near the apex, and dissecting it up from the cornea to about half the distance to the inner canthus and then turning it back, leaving a gaping wound. After this has been done all that is necessary to complete the operation is, to insert a sufficient number of stitches to close the opening, leaving them in place to cut out, and soon the pterygium shrinks up and degenerates. There are two other methods of removing a pterygium, one being by transfixing ligatures, the growth being

lifted, as in this instance, and the needle passed beneath it, near the base, and then brought back under the pterygium, near the cornea; this will give you three ligatures when they are snipped, which, when tied, strangulate the growth, which may be removed in the course of four or five days, without any difficulty.

Transplantation is recommended by some authors. This is done by making an incision in the conjunctiva, parallel to the edge of the cornea and immediately below the pterygium, and after cutting the growth loose turning it down and placing it in the wound, stitch the edges of the pterygium and those of the wound together. It is said that when they are removed by this plan they never return. Many surgeons simply lift the growth and snip off a portion of it, and depend upon shrinkage for the completion of the operation. But that does not succeed, and is rarely resorted to by the better class of surgeons.

It is claimed that exposure to heat is one of its common causes. Injuries, especially injuries from caustic applications, as from quicklime, which frequently gets into the eyes of plasterers, and those of persons constantly handling it, or any caustic application to the conjunctiva, when sufficiently strong, may produce this form of growth. It consists simply in a hypertrophy of the conjunctiva, and may be double or even triple in formation. You will usually meet with them on the nasal side, with the apex pointing toward the cornea.

After this operation there was an unusual amount of inflammation, more than I have seen for some time in a case of this kind. At one time there was a profuse purulent discharge, but such results are rare after this operation.

The stitches are still intact, and I propose to let them alone until they cut out. The only application that has been made, except warm bathing, was a simple astringent solution. These growths may remain a great length of time without inconvenience to the patient. They usually create little or no disturbance until the cornea is invaded. Then, if allowed to remain, they will sooner or later extend over the cornea, so as to interfere with vision. Whenever it invades the cornea it should be removed; but so long as it is confined to that portion of the conjunctiva covering the sclera it may be allowed to remain indefinitely, as it will do no harm.

Operation on the Larynx.

CASE 2.—The next case is that of the man with the cut throat, upon whom I also operated last Tuesday. You remember I said at the time of the operation I had little hope of securing union, because of the great amount of cicatrical tissue surrounding the orifice. The operation consisted in freshening the edges only to the extent to which I wished to oppose them. I did not attempt to close the opening entirely, hoping to get a better union by so doing. The day following the operation the wound remained perfectly dry. The next day (yesterday) there was a little suppuration at the upper stitch (there being five), and I feared if I allowed the sutures to remain longer there would be considerable sloughing. I removed them all, and have since supported the parts in the vicinity by strips of adhesive plaster.

To-day I find we have union to the extent of about two-thirds of the surface which was sutured, and now I am satisfied we will have no further suppuration, and at the next operation I will be able to close the opening entirely. I intend to use at the next operation the ligature known as the silkworm gut ligature. It is said these may remain in the tissues for a month without producing suppuration, and that is certainly what we desire in this case.

Another plan might have been followed in this case, viz.: by dissecting up a flap here on either side, and bringing it around over the opening, stitch it to the opposite side, making a bridge over it, closing it partially by the first operation, and after it had contracted sufficiently, freshen the edges of the flap above and below, and the surface of the adjacent structures, and unite them by sutures.

Now, as to the importance of the operation: Why should we have operated upon him at all? By the cut the larynx was completely severed, leaving the epiglottis at the base of the tongue, and allowing the box of the larynx to drop down so as to enable you if you looked directly through the opening to see the vocal cords, the arytenoid cartilages, and the movements of the organ in the act of respiration, and in the attempt at phonation.

Of course, we would not attempt to lift the larynx up and join it to the base of the tongue. The two objects to be gained by closing the opening are these: first, it enables the man to talk, while before he made a miserable effort, producing only a mumbly sound; secondly, to relieve the great irritation which is necessarily produced by inhaling the fresh air directly into the larynx, not allowing it to pass first through the nose and pharynx. You know it is one of the functions of the nasal passages to warm the air before it enters the trachea, and so long as this opening remains the man breathes through it, and this causes a considerable amount of irritation.

Iridectomy.

CASE 3.—This is the old man who was so badly frightened at the idea of having an iridectomy performed without the administration of an anæsthetic. He says he has had just a little pain since the operation. You remember I told you at the time there was considerable hemorrhage into the anterior chamber. That has disappeared and perfect union had occurred between the lips of the wound, in fact, it had occurred in twenty-four hours after the operation. The next evening I removed the bandage and found it closed and the blood absorbed to such an extent as to permit me to see the lens. It was impossible to tell whether he had cataract previous to the operation, because he had an occluded pupil, the pupil being blocked up with lymph, and the iris adhered to the anterior capsule of the lens; that is, he had posterior synechia, and while I did not know at the time that the man had cataract, I knew that the question could be definitely settled by the iridectomy. He was blind at the best, and this was his last and only hope. Now, in the course of three weeks I will extract the lens.

Possibly it would be well to mention the de-

mands for this simple operation of iridectomy, for it is a simple operation, and yet one that is of vast importance to the patient, so far as vision is concerned, and likewise to the surgeon, so far as his reputation is concerned.

First, iridectomy is the only relief for that condition known as glaucoma. No amount of drugs, either locally applied or constitutionally administered, will afford any relief. But an iridectomy gives constant and positive relief. Then, in the affection known as irido-cyclitis, where you have the iris and ciliary body inflamed, this operation affords certain relief. You may arrest the inflammation in a case of irido-cyclitis, but it is bound to return unless you perform iridectomy. Then, again, it is called for in cases where you have corneal opacities, rendering it impossible for the patient to see without keeping the pupil constantly dilated. In these cases you must make an artificial pupil. Often in cases where there is simple occlusion of the pupil, where there is no defect of the cornea nor of the refracting media of the eye, nor of the perceptive power, in other words, where a curtain is drawn before the field of vision, this operation is necessary to admit the passage of light.

If we perform an iridectomy simply for the purpose of making an artificial pupil, we cut just within the margin of the clear portion of the cornea, a moderate cut, not a wide one, and withdraw the knife slowly, so as to prevent a gush of aqueous humor, because if you allow it to escape rapidly you may have, as a result, a dislocated lens or detached retina. Then, with a pair of curved forceps, you grasp the iris down near the pupillary margin, and withdraw it slowly and gradually, and be certain that you get a portion of the pupillary margin enclosed in the space of your cut. Do not make the mistake of cutting simply a hole in the iris, but cut into the pupillary margin, taking about one-sixth of its circumference.

If you are performing the operation for the relief of irido-cyclitis you make your section just without the juncture of the cornea with the sclerotic, and make a large wound. A similar section is to be made when the operation is intended for the relief of glaucoma.

The object of cutting far back is to afford a

good drain. There are two theories in regard to the manner in which an iridectomy relieves glaucoma. You all know there are a certain number of little glands seated in the ciliary bodies, and it is known that these glands secrete the aqueous humor; and one theory is that the more of the iris you remove the more you interfere with the circulation of the iris and the ciliary bodies, and thus lessen the amount of secretion in the part.

Now as to the choice of locality. This will depend upon circumstances. For the relief of glaucoma, where there are no corneal opacities, make your section above, because the upper lid will hide the defect to some extent. If an iridectomy is properly performed in the vertical portion of the iris one-fifth of it may be removed and it will scarcely be noticed. If it is for the extraction of cataract, then it will depend upon how you wish to extract the cataract, whether downward or upward, or to the temporal or nasal side. If the cornea is opaque, except at one point, of course you will remove that portion immediately behind the clear part of the cornea.

Granular Lids.

CASE 4.—Here is a case of papillary hypertrophy, commonly known as granular lids, and associated with this there is blepharospasm, and in order to remove that I propose to perform the operation of canthoplasty, which consists in dividing the external canthus upward and outward, so as to cut through the orbicularis muscles. I make an incision upward and outward, in a line continuous with the free margin of the lid.

You find this condition of blepharospasm in connection with almost every case of papillary hypertrophy, and I do not believe there ever was a case cured without the operation of canthoplasty if spasm of the orbicularis existed. The whole lining of the lids is sometimes burned out by caustics, and then the disease is not cured but its seat destroyed. Any one who will resort to such a method will render his patient an invalid for life, and I hope no man who listens to me will ever be guilty of cauterizing a man's lids for the purpose of curing a case of papillary hypertrophy.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Dextral Valvular Disease of the Heart.

The following are the therapeutic conclusions arrived at by Alexander Morrison, M.D., of London, in the *Edinburg Medical Journal*, for March, 1880:—

- That a more or less orthopneic position is best suited to many cases of organic valvular disease of the dextral valves; but that there are exceptions to this rule, and that the latter will probably most frequently be constituted by cases

- of pulmonary valvular lesion, and especially by cases of pure pulmonary regurgitation, just as we find a recumbent position best adapted to the analogous instances of aortic regurgitation.

- That the cutaneous circulation must be maintained by adequate warmth, and arterialization of the blood by as free a ventilation as is compatible with the maintenance of sufficient heat.

- That food must be given to patients from dextral disease under the same restrictions as in the case of other cardiac sufferers, but that fibrinogenous material must be even less consumed than in other cases, from the greater lia-

bility to spontaneous coagulation, and that alcohol, in one form or another, is absolutely necessary, but must be cautiously administered.

4. That venesection is calculated to render signal good service in the retrograde plethora due to dextral valve lesions.

5. That external applications must be employed in such cases, under the same circumstances as in other forms of cardiac disease.

6. That the use of ammonia, from properties peculiar to it, is indicated, but that asphyxial conditions may render its combination with chlorate of potash or some other oxygenator advisable.

7. That the employment of digitalis is not only useless in cases of organic disease of the dextral valves, but fraught with a danger which cannot be exaggerated, and that the chief cause of its pernicious influence is probably its systolic action upon the left ventricle.

8. That in functional valvular disease of the right heart, arising from ventricular dilatation, and especially in functional tricuspid regurgitation, digitalis carefully administered may prove very beneficial, by diminishing the capacity of the ventricle, and restoring or improving the competency of valvular action.

Points in the Surgery of the Urinary Organs which Every Practitioner Ought to Know.

At the meeting of the Harveian Society, of London, April 15th, 1880, Mr. Teevan read a paper on the above subject, an abstract of which was published in the *Medical Press and Circular*, April 28th, 1880:—

The first point he brought before the Society was that retention of urine in children is always caused by a stone, unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin. Second Point.—That incontinence of urine which is diurnal as well as nocturnal, may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention, and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forward, it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus. Third Point.—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up, and dribbling took place. Fourth Point.—That dribbling of urine in men signifies retention, not incontinence. He explained the apparent paradox, showing how in cases of enlarged prostate or stricture, the patient always left some urine behind after each act of micturition, which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by great pressure, and leakage followed, so that urine was always dribbling away. Fifth Point.—That if,

when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instrument, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra. Sixth Point.—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated. Seventh Point.—That a gleet of more than six months' duration means an incipient stricture. Eighth Point.—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus. Ninth Point.—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculous patients were most comfortable while in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone. Tenth Point.—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanations in the former point applied exactly to this also. Eleventh Point.—Before delivering a child see that the mother's bladder is empty. Twelfth Point.—If a woman had retention of urine after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

Iodide of Starch in the Treatment of Lupus Erythematodes.

The following paper by McCall Anderson, M.D., Professor of Clinical Medicine in the University of Glasgow, appeared in the *British Medical Journal*, May 1st, 1880:—

Every one conversant with the treatment of lupus erythematodes must be well aware how obstinately it resists internal remedies. At all events, my own experience hitherto has been that no internal remedy is capable, of itself, even in isolated cases, of removing the eruption, although I have known it to disappear spontaneously.

Any medicine, therefore, which in a certain proportion of cases is capable of ameliorating this condition, must be hailed with satisfaction; and that will be found to be the case with iodide of starch. I learned this fact in the following way: My friend, Dr. Colligan, of Paisley, sent me a patient laboring under well-marked lupus erythematodes, some years ago. We agreed to try, from time to time, various local applications, which certainly effected some improvement, but altogether failed to eradicate it. A considerable time after this, happening to meet Dr. Colligan in connection with another patient, he said to me: "By the by, do you remember the patient I sent to you with lupus erythematodes? I used all the applications you recommended, but they did not remove the eruption; so I thought I would try the internal administration of the iodide of starch, which I had often seen employed for other diseases by Dr. Andrew Buchanan, when I was a student. Well, I gave her a teaspoonful of it

three times a day, and in two or three weeks the eruption was gone." I expressed myself equally surprised and gratified, and promised to give it a trial. For a couple of years before this I had been seeing, from time to time, a lady, the sister of a medical friend, who suffered from the same complaint in an aggravated form, not only on the face, but also on the head; and although some impression had been made upon the disease by means of local applications, the results of the treatment had been anything but satisfactory. I therefore wrote to the Doctor, mentioning Dr. Colligan's experience, and suggesting a trial of it in his sister's case, which he did. Some time afterward the lady came to see me, and I must confess that I was astonished to find that in her case too a great amelioration had taken place in her state (although she could not be said to be completely cured), much greater than from the previous persistent use of most of the recognized remedies, and that without the simultaneous use of any external treatment whatever. Since that time I have in many cases used the remedy, in doses of from one to four teaspoonfuls, in water or water-gruel, three times a day, and while in some no result whatever has followed, in a fair proportion of them much benefit has accrued; so that I now regard it in the light of a valuable addition, though far from an infallible remedy, to our means of combating one of the most obstinate diseases of the skin.

For the introduction of the iodide of starch as a remedial agent we are indebted to Dr. Andrew Buchanan, whose papers upon the Physiological and Therapeutical effects of Iodine (London *Medical Gazette*, vol. xviii., page 515, and vol. xix., pages 41 and 80) will well repay perusal. Owing to the irritant local action of other preparations of iodine, he was led to look out for some new medicinal preparation which might be less acrimonious in its local action, while its absorbatibility and alterant virtues were not diminished; and for this purpose the iodide of starch suggested itself to him; and there can be no doubt that by employing it much larger quantities of iodine can be introduced into the system, even to the extent of over seventy grains daily. The following is the formula for its preparation:—

R.	Iodi,	gr. xxiv
	Amyli,	3 j.

Triturate the iodine with a little water, gradually adding the starch and continuing the trituration till the compound assumes a uniform blue color, so deep as to approach to black. The iodide should be dried with a heat so gentle as to run no risk of driving off the iodine, and it ought to be kept in a well-stoppered bottle. On no account should spirit be used in its preparation instead of water, as sometimes recommended. The dose is a heaped-up teaspoonful in a draught of water or water-gruel, thrice daily; but it may be safely increased, even up to an ounce in some cases, if necessary to make an impression on the disease. I have generally found, however, if it be going to do good in lupus erythematodes, that the first-named dose is sufficient. Those who are inclined to give it a trial should take care of two things: first, that the cases they are dealing with are really undoubted ones of lupus ery-

thematodes and not lupus vulgaris; and second, that the medicine is freshly prepared and in accordance with the directions above mentioned.

In conclusion, I may say that I have found the iodide of starch an excellent remedy in other diseases, and notably in old-standing cases of syphilis; but upon this I need not enlarge at the present time.

The Antiseptic Method of Treatment.

Dr. Geo. T. Beatson, in the Glasgow *Medical Journal*, for May, 1880, directs attention to the following points:—

1. It is necessary that the external antiseptic dressing used in Lister's system should possess an impermeable layer of tissue in it, not only to prevent the discharge coming directly through, but also to diffuse it over the whole extent of the dressing.

2. A thin form of mackintosh, known as *jaconet*, or hat lining, is the best material for this purpose.

3. This piece of mackintosh should be spread beneath the outermost layer of the gauze dressing, should be somewhat smaller than the dressing, and should be placed with its glazed surface toward the skin.

4. Great care should be taken to see that the layer of *caoutchouc* has not become removed in any places, as this would render the material pervious to the discharge, and harm might ensue.

5. In securing the dressing, any pins used must on no account perforate the *jaconet*.

6. Owing to the irritating effect carbolic acid has upon the tissues, it is necessary to interpose some material between the wound and the gauze, to protect it from the acid, and allow of healing going on.

7. The most efficient protective has been found to be one composed of ordinary oiled silk, coated on each side with a layer of copal varnish, and then brushed over with a solution of dextrine.

8. The dextrine is used to enable the protective to take up uniformly an aqueous film of carbolic solution, and thus render it antiseptic at the moment of application.

9. The protective having no antiseptic properties of its own should be overlapped on all sides by the gauze, and should only be dipped into the carbolic solution immediately before it is applied to the wound.

10. The external antiseptic dressing in Lister's system is best secured by gauze bandages, which have several advantages over the cotton ones.

11. In certain cases additional security is obtained by the use of an elastic bandage above the gauze one.

12. If it is necessary to use pins in fixing the gauze dressing, those known as safety pins should be employed, as being in every respect better than the ordinary ones.

—Three successful cases of ovariotomy are reported in the *Calcutta Medical News*. Antiseptic precautions were adopted in each instance. These cases are stated to be the first of their kind in the Indian city which had terminated favorably.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL
LITERATURE.

—Dr. Clifton E. Wing, of Boston, sends us, in pamphlet form, a paper on the "Modern Abuse of Gynaecology," which deserves a wide circulation.

—We have perused, with a good deal of pleasure, a most interesting monograph on a most interesting subject, "The Mind and How to Preserve It," by Peter Bryce, M.D., Medical Superintendent of the Alabama Insane Hospital.

—The Thirteenth Annual Report of the Health Department of the City of Cincinnati, for the year ending December 31st, 1879, by Thos. C. Minor, M.D., Health Officer, is a large volume of 311 pages, containing an excellent sanitary survey of the city, together with valuable statistics of diseases, deaths, births, marriages, crimes committed, etc. It is one of the most complete reports of its kind.

—*Godey's Lady's Book* for June contains, as usual, besides the latest fashions, a piece of music entitled "Heel and Toe Polka," and a large amount of interesting reading material.

—Lippincott's Magazine for June presents an unusually rich and varied table of contents. Dr. Weir Mitchell's paper, the first of two, on "The Yellowstone Park," gives the most vivid description of that land of marvels which we remember to have seen, and narrates the incidents of the expedition with spirit and humor. "The Career of a Prairie Farmer," by Mary Hartwell Catherwood, is one of those faithful pictures of life which enable us to understand the condition and sympathize with the struggles of the pioneers of civilization in the Great West. Dr. Felix Oswald concludes his series of "Summerland Sketches" with a beautifully illustrated chapter on the "Virgin Woods of the Sierra Nevada." The eminent French sculptor, Carpeaux, is the subject of an interesting paper by Olive Logan. Helen Campbell continues her series of "Studies in the Slums." De Lancey Nicoll has a timely paper on "Lawn Tennis." "Our Young Kindergarten," will have a deep interest for parents and for all to whom the best method of educating young children is a subject of anxious thought. "Social Aspects of the Forties" is a well-written paper, suggestive of the progress we have made during the last four decades, and "German Boys and Men," by Marriott Pyne, gives a good notice of the social foundations of the greatest military empire of modern times.

The poetry of the number deserves especial mention. "Old St. David's at Radnor," by Longfellow, is in his happiest manner, pensive in tone, limpid in flow, and striking in imagery. Paul Hayne has a fine sonnet entitled "Spiritual Illumination," and Mrs. Caroline A. Mason one almost equally good, called "An Open Secret." "Adam and Eve" grows in interest, and there are several good short stories, while the "Gossip" contains some anecdotes about Carlyle, and other readable matter. This issue closes the twenty-fifth volume.

BOOK NOTICES.

Homeopathy: What is it? A Statement and Review of its Doctrines and Practice. By A. B. Palmer, A.M., M.D., Professor of Pathology and Practice of Medicine in the College of Medicine and Surgery in the University of Michigan, etc. Detroit, Geo. S. Davis, Medical Publisher. 1880. Cloth, 8vo, pp. 104.

THE
Medical and Surgical Reporter,

A WEEKLY JOURNAL,
Issued every Saturday.

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THE INCREASED ESTIMATE PLACED ON HUMAN LIFE.

As the world becomes more densely populated the value of human life increases. We might expect the reverse, but such is not the case. A wonderful contrast exists between ancient and modern opinion on this subject. Very little value was attached to life in ancient Rome, for example. The old slaves were sent to starve on an island in the Tiber, or were killed, offhand, with as little compunction as a farmer of to-day shoots a broken-down nag. For the amusement of the crowd, hundreds of trained freemen, volunteer gladiators, would enter the arena and kill each other. The wounded were carried to a room where they were examined by a surgeon; if he pronounced them permanently maimed by a wound, they were forthwith despatched by a blow on the head with a hammer. The surgeon was considered to have done his full duty when he had confined his cares to those likely wholly to recover the use of their limbs.

Of Oriental and African recklessness of human life we need not speak; nor more than re-

fer to the custom which yet largely prevails in India and China, of exposing to die the infants of a family which the parents think large enough. The Count of Paris, in his narrative of his visit to Shanghai, observes that five to ten of these infants can be seen at any time during an early morning walk in the suburbs of that city.

Very different is the feeling among the enlightened members of Western modern civilization. The utmost efforts are constantly bent to keep alive the old, the infirm, the invalid and the babe. Even the unborn and not viable fetus is protected in its life by stringent enactments. Murder is construed as the highest crime of the law. The time was when in England almost any homicide could be satisfied legally by the payment of a fine, although theft and poaching were then punished with death. Now the relative heinousness of the offences is reversed.

Sanitation is constantly striving to reduce the mortality rates, to bring up to a high standard the health of the people, to ward off infectious disease, to stem the course of epidemics, to neutralize the poison of inherited maladies, and at all points to strengthen the sum of those forces which combat death. Nothing is more eagerly welcomed by the profession than a new remedy of probable value, a new process which will shorten disease or lengthen life.

The public medical service is increasing faster than the populations. Hospitals and dispensaries, homes and refuges open their charitable doors to a large percentage of the aged, sick and helpless. Such institutions are almost a creation of modern times. They were, indeed, occasionally heard of in the Middle Ages; they at least existed in ancient Greece; but they occupied no prominent part of the public attention.

It is a curious subject of inquiry to analyze the change which has come about in this respect. Some have attributed it to religious emotions; but the Christian religion does not instill any such great love of life; its precepts rather encourage the opposite sentiment—to look on death fearlessly, and rather as a happy release. Probably the

growth of the benevolent emotions and of altruistic sentiments have more to do with it. Recognizing how strong and innate is the love of life in ourselves, we are impelled to do all we can to protect it in others. A second motive is the recognition of the equality of rights in man, and the possibilities in store for each. This leads to a willingness to secure to all that without which effort is impossible—to wit, life.

Whatever the motive, physicians are expected, and very properly, to appraise life at its highest figure, and not to omit any effort to maintain its flickering flame. Under no circumstances are they permitted by public opinion to endanger it, still less to destroy it. The doctrine of euthanasia, for which so much can be said, is instinctively felt to be a dangerous one, on account of the difficulty of limiting its application. It is still a disputed question, in some treatises, whether even in the extreme case of an indicated craniotomy it is right to operate on the head before the cardiac pulsation is ceased.

As the outgrowth of the best of modern thought and the noblest of modern action we must respect this lofty estimate of the value of human life. It may seem extravagant, it may not be susceptible of high philosophic praise, but it has too many great supporters to admit of a doubt that it is a worthy instinct.

NOTES AND COMMENTS.

Therapeutical Notes.

CHLOROFORM VAPOR FOR EARACHE.

Dr. Morgan states, in the *Medical Press and Circular*, May 5th, 1880, that he has often promptly relieved the distressing earache of children by filling the bowl of a common new clay pipe with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe, forcing the chloroform vapor upon the membrana tympani.

DR. WARBURG'S REMEDY IN MALARIAL FEVERS.

The *Medical Press and Circular*, April 28th, 1880, publishes the following complex formula for Warburg's tincture, the composition of which was made known several years since by Prof.

McLean, who had obtained the secret from Dr. Warburg himself, and who gave his unqualified support to all that had been said in its favor. Dr. Broadbent has, moreover, testified that its efficacy cannot be disputed:—

- R. Aloë (socot.) libram,
Rad. rhei (East India),
Sem. angelicæ,
- a. Confec. damocratis, àa uncias quatour.
Rad. Helenii,
Croci salivi,
Sem. fœniculi,
- b. Cret. preparat., àa uncias duas.
Rad. gentianæ,
Rad. zedoariæ,
Prep. cubeb.,
Myrrh elect.,
Camphor,
- c. Bolet larinis, àa unciam.

The above ingredients are to be digested with 500 oz. of proof spirit in a water bath, for twelve hours, then expressed and ten ounces of sulphate of quinine added; the mixture to be replaced in the water bath until all the quinine be dissolved. The liquor, when cool, is to be filtered, and is then fit for use.

a. This confection is to be found in the London *Pharmacopœia*, 1746.

b. Added by Dr. Warburg, to correct the acrid taste.

c. This is the *Polyporus larinis*, *Polyporus officinalis*, *Boletus purgans*, or larch agaric.

The tincture is of a deep brown color, has an aromatic and slightly terebinthinate odor, and an intensely bitter and warm aromatic taste.

Quinine is one of the most important ingredients, and, as Professor Maclean observes, many may say this vaunted remedy is only quinine concealed in a farrago of inert substances, for purposes of mystification. To this objection Professor Maclean answers:—

"I have treated remittent fevers of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential islands of the Madras Presidency, on the malarial rivers of China, and in men brought to Netley Hospital from the swamps of the Gold Coast, and I affirm that I have never seen quinine, when given alone, act in the manner characteristic of Warburg's tincture."

FORMULA IN ACUTE BRONCHITIS.

Dr. Bozzi states, in *Le Progrès Médical*, Jan. 31, 1880, that the following receipt is very effectual in cases of acute bronchitis:—

- R. Antim. sulphuret.,
Pulv. ipec. et opii, àa gr.xv
Sacch. albi, 3 ij. M.
Ft. ch. No. 10.

Sig.—One powder to be taken every three hours, but not more than four in the twenty-four hours.

The same prescription is useful in the acute stage of bronchitis, as well as in the symptomatic bronchitis of heart and lung diseases. The diet should be restricted to warm and sweetened milk and to chicken broth, while the room temperature should not fall below 12° Rèaumur (59° Fahr.).

Phthisis in the French Army.

Marvaud concludes an elaborate statistical paper in the *Annales d'Hygiène*, for March, on the relative prevalence of phthisis in the French Army and the civil population, by the statement that although the frequency of the disease turns out to be pretty much the same in both, yet the military profession presents certain conditions which may exert a different influence on the development of phthisis among soldiers. Among these conditions there are two only—viz., over-crowding in barracks, and exposure to chills and to the vicissitude of seasons—which seem evidently favorable to the explosion of tuberculosis in the army, and operate in a less degree only on the civil population. The other conditions, such as the system of diet, the clothing, and especially corporeal and gymnastic exercise, seem to restrict the chances of young men contracting phthisis in consequence of hereditary or acquired predisposition. These advantageous and disadvantageous conditions seem, so to say, to balance each other, establishing a kind of compensation which can alone explain the similitude and identity of the results furnished by statistics in relation to the comparative frequency of phthisis in the army and in the civil population.

Curious Phenomena of Hypnotism.

Dr. H. Gradle, of Chicago, says, in an article on hypnotism, which appeared in the *Chicago Medical Gazette*, April 5, 1880—

Perhaps the most curious observation refers to the repetition of the voice. When one hand was placed upon the forehead and the other upon the nape of the neck, certain hypnotized individuals repeated all words of the mesmerizer in the original voice and with the same rhythm, no matter whether they were familiar with the language or not. The subject became an echo, or, as the Breslau observers call it, a phonograph. The echo ceased as soon as the hands were removed. In other instances individuals wrote fluently in foreign languages, copying exactly the original of the observer, provided he wrote simultaneously with them.

Is Salicylic Acid Injurious to the Teeth?

The *Journal of Materia Medica* for April, 1880, observes that salicylic acid, now so much in use as a dentifrice, is found, by Dr. Buch, of St. Petersburg, to be a solvent, and exceedingly injurious. Dr. Buch states that he was in the habit of using a solution of three parts in 1000 of salicylic acid, a lotion of such strength being fatal to bacteria; in a few weeks, however, he experienced a singular sensation in his mouth; the teeth appeared to become softer, and on the surface something gritty was detected, there being evidently a granular formation.

Dr. Buch's conclusion is that the substance in question is a salicylate of lime, and, if so, the use of the acid as a dentifrice should be discontinued.

It has been suspected that the free use of salicylic acid in attacks of acute rheumatism will be attended by structural changes in the substance of bone, not unlike those that Dr. Buch describes as occurring in the teeth. Should it be found that such is the invariable action of this acid when used medicinally, it will have to be discarded, unless its good effects can be retained without the evil, by some happy device in pharmacy.

A New Method of Administering Koosso.

The *Medical Press and Circular* says—

Of all the remedies for tapeworm none is more certain or efficient than koosso, and many efforts have been made to bring it into such pharmaceutical shape that, while its properties as a taenicide remain unimpaired, it might be administered without repugnance. Dr. Corre, some years ago, proposed the following method, which has been successfully used in many cases: One-half ounce of fresh powdered koosso is treated with one ounce of hot castor oil, and afterward with two ounces of boiling water by displacement; express, and by means of the yolk of an egg combine the two percolates into an emulsion, and add forty drops of sulphuric ether, flavoring with some aromatic oil. This is to be taken in one dose early in the morning, after a previous fast of about eighteen hours. The worm is usually expelled, dead, after six or eight hours.

The Use of Gurjun Oil in Leprosy.

Mr. John D. Hillis, Medical Officer of the Leper Asylum, Mahaica, British Guiana, says, with regard to the use of gurjun oil, that "even in cases far advanced it is most beneficial, re-

tarding the disease in a remarkable manner, and improving the general health." He is of opinion that it should be in general use in every leper asylum, and adds, "It is largely sought after by the patients, notwithstanding its unpleasantness, on account of its healing action on the leprous ulcerations and its appetite-giving properties." He quotes a series of cases in which he has made use of the oil, and thinks that if it were possible for cases to be brought under treatment in an early stage, on the first appearance of the leper spot, before the deposit of leprous matter had become serious, an attack, if not cut short, might at least be retarded in progress for many years by the administration of the oil.

Treatment of Fractured Vertebrae.

The *British Medical Journal*, May, 1880, has an abstract from a paper on the above subject, by Mr. E. Noble Smith:—

From observing many cases of fractured vertebrae, and studying the records of others, he had been induced to propose a more active mode of treatment than that usually adopted. When the injury was sufficiently severe to rupture the cord, no surgical skill could effect a cure; but when the cord was not badly injured, and the patient lived for weeks or months, he questioned whether it was right to leave the patient to an almost certain death, or at least to a life of continued paralysis, by adopting merely a treatment of expectancy. Having quoted several recorded cases, he stated that the opinion he had formed with regard to these cases was that, if the body of the injured vertebra should be broken in its entirety, so that, after reduction, a continuance of extension would have to be kept up, then any attempt at reduction would fail to do good; but if, as most usually happened, the fracture were confined to the articular processes and the anterior portion of the vertebrae, then, by extending and straightening the spine, the fracture might be reduced, and by maintaining the spine in a straight position by means of a spinal support, well moulded to the back, a better chance of recovery would be afforded to the patient than by the ordinary treatment.

The President said that, in these cases, a water bed had generally to be used, to prevent bed sores, and the treatment by splints would interfere with this. It was for the same class of cases he had proposed treatment by double extension by weights attached to both legs, while the patient was placed on an inclined plane. This relieved pain, and did not give rise to bed

sores. He would deprecate any sudden pull after an accident, which would be dangerous, but gentle and steady extension would straighten out the spine. On two things he would lay special stress: there should be no rough usage, and no hard splints or plaster-of-Paris bandage should be applied.

CORRESPONDENCE.

Puerperal Convulsions.

ED. MED. AND SURG. REPORTER:—

Convulsions are always regarded as a grave complication in the parturient chamber. So ghastly is the aspect presented, that no wonder the neophyte becomes alarmed and flies hither and thither in his excitement, scarcely knowing what is best to do.

But let me entreat you, gentlemen, not to become alarmed; keep cool, collect your thoughts about you; for during the paroxysm there is but little danger; so do not throw cold water in the face of the patient, nor lift her up, but let her lie until the convulsion ceases, simply preventing her from biting the tongue by keeping something between the teeth; a soft pine stick is better than anything else for this purpose.

While the case presents a frightful appearance, and the friends around are apprehensive of the worst results, the doctor must not be thrown off his guard, for really there is but little danger, if he have the proper remedies at hand. In the MEDICAL AND SURGICAL REPORTER of May 8th a case is reported which proved fatal. The cause of death in this case might be a subject of comment. It might have been that the physician in charge was overanxious, and pushed his remedies too far. Blood letting, croton oil, long continued inhalation of chloroform, hypodermic injections of morphia and atropia, repeated every hour, blisters to the nape of the neck, and the use of obstetrical forceps, may be considered rather heroic treatment.

In this fatal case the amount of morphine used hypodermically, the extent to which anesthesia was carried, the whole amount of blood extracted, and the quantity of ol. tigillii given, are not reported. Of course, death might occur in these cases, from cerebral pressure, in which case it is apoplectic; but the usual cause of death is supposed to be anæmia of the brain. This case remained in a comatose condition until death. Coma was produced, no doubt, either by cerebral pressure, exhaustion, or by the chloroform and narcotics. But, without further comments, and without offering this as a criticism on the management of the case in question, I pass to report the following case, which recently came under my immediate observation.

I was called, May 8th, 1880, to see Mrs. C., aged twenty-two, primipara. At 7.45 A.M. found the patient in a convulsion. Had the first convolution half an hour previous to this. She was expecting her confinement; had awoke, in after part of the night, with intense headache, nausea

and vomiting, and severe pain in the stomach, with slight labor pains. The os uteri was but little dilated and rigid; child high up; patient very restless and feverish, with hot skin and extra heat of vagina; bowels in good condition; two operations during the night. I sent for chloroform, lancet and obstetrical instruments.

Third convulsion 8.30 A.M. Soon after gave tinct. veratrum viride (Norwood's), gtt. xii; at 9.15 gave same, gtt. x; 9.25 convolution; 9.35 gave veratrum, gtt. xv; great nausea, with efforts to vomit; patient soon more quiet; occasional pains; continued veratrum, gtt. viii, every twenty minutes; kept her nauseated; 11 o'clock, convulsions; gave soon after, veratrum, gtt. xv; 12 M., convulsions returned; opened vein in arm and took about 14 ounces of blood, with difficulty. 1 P.M., convolution; pains getting harder; 1.40 P.M., commenced the administration of chloroform by inhalation, and continued the same until 8 P.M., when the child was born without use of instruments. Gave, in all, 6 fl.ozs. chloroform, P. & W.'s, but at no time had the patient completely anaesthetized. After the labor was completed, gave sulphur morph, $\frac{1}{2}$ gr., and both mother and child had as good a recovery as usually follows in even natural labor.

During the past nineteen years, I have several times given chloroform for puerperal convulsions, and have never met with but two cases that I was unable to control with this remedy, and one of these yielded to 30-drop doses of tinct. veratrum viride; the other was controlled by opiates. I have several times resorted to blood letting in these cases, where the patient was of full habit, but never succeeded in controlling the convulsions by this means alone; yet I am persuaded that it is frequently a valuable adjunct to other treatment; chloroform is unquestionably the best remedy we have in such cases; next to this, veratrum viride, in large doses, will serve an excellent purpose, almost always modifying the intensity of the convulsions, and sometimes entirely controlling them. So, if I had not chloroform at hand, I should resort to veratrum viride as the next best remedy, for various reasons, too plain to need explanation; and with chloroform, veratrum viride, the lancet and obstetrical instruments at hand, should not expect to lose many of these patients.

J. W. HENSLEY, M.D.

Yates City, Ills., May 21st, 1880.

Quadruple Birth.

ED. MED. AND SURG. REPORTER:—

Seeing lately, in the REPORTER, notices of two cases, one of quadruple and one of quintuple birth, I was reminded of the fact that I had never reported to any medical journal a case of the former that occurred in my own practice a few years ago; though it had been reported to our local society. On account of the extreme rarity of these cases, I feel it to be my duty to send you a brief account of this one.

About midnight, September 22d, 1873, I was called in haste to Mrs. C., a Scotch woman, about 40 years of age, wife of a coal miner, and the mother of several children. On arriving at the house a few minutes afterward, I found her

on her knees, on the floor, in vigorous labor. Two children had already been born and separated by the nurse; a third was just being born. After the birth of the third child the three placentas came away, all united by their edges, but each with its own membranes attached. Scarcely had these been removed and hastily examined, when I discovered that there was still "more to follow." I ruptured the membranes, and in a few minutes the fourth child was born. The woman was put to bed and cared for; no unusual hemorrhage or other untoward symptom attended or followed the labor, which lasted only one hour, the children all being born within the space of half an hour. She made a good and speedy recovery. The children were all females, cried lustily, and ought all to have lived; but the family were extremely poor, and they were not properly cared for. Besides, such an unexpected influx of distinguished strangers into the household not being anticipated, no adequate preparation had been made for their arrival. However, enough of cotton batting and flannel was collected together from a neighbor's to wrap them up warmly; they were put into the bed, with orders not to be disturbed except when absolutely necessary. On making my visit next day, I found that in the meantime they had, unfortunately, obtained dresses, etc., for the children, had them all dressed and trussed out, and holding a grand reception. People came from morning till night and from far and near, to see them. The distinguished attentions they received, however, from each visitor, proved too much for them. One of them died that evening, 23d, one on the 28th, one on the 29th and the last October 8th. Their weights were as follows: 3 $\frac{1}{2}$, 4 $\frac{1}{2}$, 5 and 5 $\frac{1}{2}$ pounds. Two were head and two breech presentations. THOS. H. STEWART, M.D.

Church Hill, Ohio, May 19th, 1880.

Cold Water Enemas in Diarrhoeas of Children.

ED. MED. AND SURG. REPORTER:—

Since summer, that eventful season for teething babes, is approaching, I think it well that we should do what we can to assist our co-laborers in the work, of all, the most merciful. Feeling that a few suggestions I can make may prove of much benefit in the treatment of diarrhoea and dysentery, I send them in.

In the *American Journal of the Medical Sciences*, No. 151, for July, 1878 (page 133), Dr. Michael J. B. Messemer gives an article entitled "Cold Water Enemas as a Therapeutic Agent in Chronic Diarrhoea," in which he cites a number of cases showing its remarkable efficacy. I was immediately impressed with the idea that said treatment deserved a thorough trial; one of the reasons being the fact that our therapeutical knowledge of astringents, etc., in these cases, was not sufficient, for, do what I could, some cases remained in *status quo* or died. Children are by far the greatest sufferers, and when called to one I felt frequently as if I wished some brother who was pining for a case had the call. I had been in the habit of using enemas of starch and opium, and since it had been of benefit, the idea that a vehicle lighter than

starch, which at the same time cooled the surface of the inflamed mucous membrane of the bowel, would be very good, came to me, and I heartily thanked Dr. Messemer for extending a helping hand to one very frequently in the "slough of despond." Now, I have, since first reading that article, used enemas of cold water, and cold water with tinct. opium, and the results have been such that I feel it my duty to send in this article; it having failed only in cases where my patient was beyond recovery, or when attendants failed to use as directed. I will cite a few cases:—

CASE 1.—J. S., male, aged two and a half years; had had diarrhoea for several months, and I was called September 1st, 1879. I found the child suffering from chronic diarrhoea, with all the attendant symptoms. I advised an enema of cold water after each action, first injecting, then pressing on the abdomen gently until the water was passed; then injecting again. This, with a strict regulation of diet, and a course of tonics, he being much debilitated, formed the treatment. This course, followed with remarkable perseverance, cured the child in a few weeks. Case had been treated with everything in *materia medica* generally found useful in such cases, but was gradually giving away, when above plan was used.

CASE 2.—Called December 31st, 1879, to G., male, aged three years. Found a case of acute dysentery. His father had exhausted every domestic remedy, having used both castor oil and salts, with tinct. opium, and a host of teas informant knows not of; still the child had dysenteric discharges with tormina, tenesmus, etc. I advised the use of cold water and tinct. opium (laudanum $\frac{3}{4}$ j. to Oss. water), as an enema, telling him to use the syringe after each dejection, immediately. I also left a prescription of sub. nit. bismuth, etc., to be used if the injections failed. But the dysentery yielded at once and nothing was given per orem.

CASE 3.—Called to a family where two ladies and two children were suffering with dysentery, cases running from eight or ten days to within two days of the time I was summoned. Dr. M., physician in charge, had exhausted every remedy he possessed any knowledge of, and still the trouble continued. I advised the cold water and laudanum, as above, in all four cases, and I did not visit either of the cases a second time, for they began at once to get better and were soon convalescent.

Now, with Dr. Messemer, I am not in favor of discarding everything else, and trusting cold water alone; but I beg physicians everywhere to try the above, assuring them that they will benefit many cases otherwise incurable. Read Dr. Messemer's article; it will repay all trouble and expense.

Of course, in treating either of the above troubles it is absolutely necessary to clear the bowel of accumulations of faeces, etc.

The greatest trouble will be in getting mothers to diet the patient properly. With these remarks, and a repeated request to try cold water, I close an article already too long.

J. E. STINSON, M.D.

Montague, Texas, May 8th, 1880.

NEWS AND MISCELLANY.

State Hospital for the Insane of the Southeastern District of Pennsylvania.

Applications in writing will be received by the undersigned, until the 25th day of May, 1880, for one male resident Physician, one female resident Physician, one male assistant Physician, and one female assistant Physician, for said Hospital. Applicants for these places will accompany their applications with their references.

By order of the Board. E. G. MARTIN,
Allentown, Pa. Sec'y.

Quack Advertisements and their Results.

The *Medical Times and Gazette* contains the following communication from "an indignant watcher":—

There is a young man at present in the wards of Middlesex Hospital whose case deserves to be made known as widely as possible. He is suffering from epithelial cancer of the lip, which commenced about ten months ago. He was then induced to try Holloway's ointment, on the faith of the advertisements and testimonials he had read. The result is, that when, a few days ago, he came to the hospital for the first time, seeking medical aid, the cancer was found to involve a large part of the upper lip and cheek, and secondarily the glands of the neck, which were enormously enlarged and ulcerated. The patient's condition is now such as not to admit of operation, and the course of the disease will probably be to an unnecessary and painful death. The cause of this is the license that allows a quack medicine—"protected by letters patent"—to be freely advertised as an efficient remedy for every kind of disease. Most medical men in active practice have experience of similar lamentable cases. Should the Government not take some steps to have quack advertisements supervised? Their sting lies in their self-asserted claims to universal healing powers. It would not be an unwarranted interference with the liberty of the subject if those men who make large fortunes at the expense of the lives of many of their fellow-creatures were prohibited from exhibiting advertisements which had not passed through the hands of a public inspector. We have a censor of public plays, for the protection of the morals of the community; it is high time we had a censor of quack advertisements, for the protection of public health.

Cruelty to Women.

The *Lancet* for May 8, 1880, says—

We have a serious duty to perform; and we cannot shrink from it. The public are probably not aware of the cruelty which is being inflicted on a large class of the community by the practice of keeping shop women standing during the hours of business. In some of the large establishments daily patronized by ladies of fashion the permanent injury done to the young persons engaged is of alarming proportions, and it is time to protest. Young women come up from the country in full health, and are rapidly

reduced to a condition which practically condemns them to life-long suffering. So fatuous is the discipline in many of the large houses, that if a girl is seen to lean for a few moments, for relief in her weariness, she is reprimanded, and if the offence (?) be repeated, dismissed. This cruelty—we can use no milder term—is one which society, or if need be, the law, must put down. We have not adverted to this painful subject until compelled to do so by the most conclusive evidence that the practice of keeping girls standing during business hours is a large factor in the causation of the most distressing diseases. The public will aid our endeavors to put a stop to this evil by interfering as opportunity offers; but an appeal must be made directly to the tradesmen, especially of the large retail drapery establishments in the metropolis. We especially invite communications from firms who are willing at once to provide sitting accommodation for the young women in their employ, for use during the intervals of personal attendance on customers. The names of these firms we will publish in a special list, and by this and other methods of enforcing the reform so urgently needed, strive to eliminate at least one of the many remediable causes of disease.

The Paris Military Hospitals.

In the number for April 24th, the *Progrès Médical* calls attention to the impropriety of retaining the overcrowded military hospitals in the populous centres of Paris, where they become foci for the origin and spread of contagious disease. The antiseptic system may meet this objection to some extent, as regards surgical affections, but this does not apply to medical affections. It is intended to agitate for the removal of these hospitals, in a divided condition, to the limits of the fortifications, connecting them with the barracks by establishing between them, as at Berlin, communications by special cars on tramways. The barracks themselves are also in very faulty hygienic conditions, and call for decentralization.

OBITUARY NOTICES.

Surgeon John T. Randolph, U.S.A., died at his residence, 2318 Delancey Place, Philadelphia, on the 14th inst., after a lingering illness. He was born in Brunswick county, Va., in 1828, and graduated in medicine at the University of Pennsylvania in 1850. After practicing his profession in New Orleans for three years he entered the army as assistant surgeon in 1855, being ordered to the Pacific coast, where he served seven years. On the breaking out of the rebellion he was ordered to the department of the Missouri, where he served over three years, in charge of the general hospital at Jefferson Barracks, and as medical director of the department. After a brief service in the Department of the East, in 1868 he was ordered to New Orleans as medical director, where he served over four years, and from thence he proceeded to the Department of the Platte, where he was much exposed to the severity of the climate, in the discharge of his duties,

and returned to the East in 1876, with his health much shattered. After a year's service at Fort Trumbull, Connecticut, he removed to this city, where he has since resided.

In the ill-fated expedition of Lieutenant Colonel Steptoe against the Indians, in Oregon, in 1858, Dr. Randolph was an assistant surgeon, and behaved so admirably that he was thanked by the commanding officer.

The deceased leaves a widow and five children to mourn his loss.

QUERIES AND REPLIES.

Dr. W. N. S., of Indiana, requests information as to the best treatment of an obstinate case of serofulous ophthalmia, which has resisted numerous local and constitutional remedies.

Dr. G. M. B., of Iowa.—1. Remove the thoracic and abdominal viscera, then inject pure water, or better still, a solution of common salt, into the carotid, subclavian and common iliac arteries, allowing it to return by the veins, until all the blood has been washed away and the fluid comes back as clean as it was injected; then tie the veins and inject a solution of chloride of zinc, and finally a solution of arseniate of soda (the officinal solutions of the U. S. Ph. will answer), until all the vessels are completely distended; next, tie the arteries, fill the thoracic and abdominal cavities with hemp or oakum which has been soaked in carbolic acid and glycerine, and sew up the opening made. The body should then be put in an air-tight coffin. 2. We do not know.

A Correspondent requests us to furnish a formula for the use of chrysophanic acid in psoriasis.

Ans.—

B.	Acid chrysophanic,	gr. xv-3j.	M.
	Adipis vel vaseline,	3j.	M.

Dr. D. S. Hatfield, of Marcellus, Mich., writes: If Dr. G. A., of Kentucky, will use the following prescription, I think he will cure his case:—

B.	Acidi carbolic,	3ij	M.
	Glycerin,	3iv	M.
Sig.—Apply once a day.			
B.	Potas. iodid.,	3ij	
	Fl. ext. berberis,	3j	
	Syrup. stillingiae comp.,	ad	3vj. M.
Sig.—Teaspoonful four times daily.			

MARRIAGES.

EVANS—BISHOP.—In Pittsburgh, Pa., on Wednesday evening, May 19th, 1881, at the Thirty-ninth Street Presbyterian Church, by the pastor, the Rev. J. S. MacConnell, Dr. T. R. Evans, and Miss Annie S. Bishop.

ALEXANDER—LEAVELLE.—At the Baptist Church in the city of Hopkinsville, Ky., on the evening of May 15th, by Rev. T. G. Kean, Lawrence G. Alexander, M.D., and Miss Bell Leavelle.

DEATHS.

BERENS.—In this city, on the 21st inst., Dr. Joseph Berens, Jr., in the 30th year of his age.

DUFFIN.—In New York, suddenly, on the 12th inst., Dr. John P. Duffin, in the 62d year of his age.

RANDOLPH.—In this city, on the 14th inst., Surgeon John F. Randolph, U.S.A.

SPENCER.—On Tuesday, 11th inst., at 6.10 A.M., Charles Fitch Wetmore, son of Dr. Truman Spencer, of New York.